

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

In re

Case Number _____

Chapter _____

[Set forth here all names including married, maiden,
and trade names used by debtor within last 6 years.]

Address _____

Social Security No(s): _____

Employer's Tax Identification No(s) [If any] _____

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (enter Last, First, Middle): _____

(Check the appropriate box and, if applicable, provide the required information.)

/ /Debtor has a Social Security Number and it is: ____-____-_____
(If more than one, state all.)

/ /Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle): _____

(Check the appropriate box and, if applicable, provide the required information.)

/ /Joint Debtor has a Social Security Number and it is: ____-____-_____
(If more than one, state all.)

/ /Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

X _____
Signature of Debtor Date

X _____
Signature of Joint Debtor Date

*Joint debtors must provide information for both spouses.

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.